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Thank you Chairman Jansen, and members of the committee for this opportunity to speak to you in support of Senate Bill 02. My name is Ramona Benkert and I have been an Adult Primary Care Nurse Practitioner for 26 years, practicing all of those years in Michigan in primary care. I have practiced primarily in nurse managed centers affiliated with Wayne State University and the Detroit Medical Center and primary care clinics for the uninsured in Detroit. I am also an Associate Professor from Wayne State University College of Nursing where I directed the nurse practitioner programs for 13 years. I am currently the Co-Program Director of the Michigan Area Health Education Center, which is a state-wide program that has a focus on health care professional training and retention, and improving primary care access in rural and urban underserved communities. My research over the years has been on quality of care in nurse managed health centers in Michigan and regionally. In addition I recently researched the cultural competence of a national sample of nurse practitioners from the American Association of Nurse Practitioners. I served as the chair of the Academic Nurse Managed Center group of the National Organization of Nurse Practitioner Faculties that provides leadership and consultation to nurse managed centers nationally. My comments today will be directed mainly toward Nurse Practitioners and the education and training of Nurse Practitioners, consistent with my experience and expertise.

Nursing and specifically Nurse Practitioners have made significant strides, over the last 45 years—and especially in the last decade, toward self regulation that includes standardizing the four components of regulation which are: educational competencies, accreditation, certification and licensure. There is one piece missing in Michigan's state regulation and Senate Bill 02 would address that gap and bring Michigan into alignment with national professional nursing standards. Let me briefly explain each of the four components.

Nursing programs in Michigan have established *national educational competencies* for students seeking graduate education to become Nurse Practitioners. Individuals who are seeking to become an advanced practice registered nurse (or APRN) must have a Bachelor of Science in Nursing degree completed through a nationally accredited nursing program, hold an RN license, and have practice experience in the APRN area most closely related to the APRN graduate degree in order to apply to one of the many Master of Science in Nursing or Doctorate of Nursing Practice programs in the state. Most of the registered nurses seeking an advanced nursing degree have spent many years, according to recent statistics 5-7 years, in direct patient care, and they seek to advance their clinical knowledge and skills within this same specialty or population foci. And finally, all APRN programs are required to use the same national core educational competencies to develop our curricula. So whether one graduates from an APRN program in Washington State, which has full plenary authority or Michigan, with a more limited authority, the same national competencies are used. Based on national core competencies, nursing programs prepare graduate nursing students to diagnose and treat patients within their scope or area of practice. In fact we are required to do so. Students graduate from masters or doctoral programs after a 4 year bachelor's degree, 4-7 years of clinical practice as a RN, 3-5 years of a graduate degree and 1 year of graduate level clinical training in a focused practice area.

I want take a minute to elaborate on *the different APRN roles as this is often a confusing aspect of APRN or nurse practitioner education*. I am going to use my education and role as an exemplar. All graduate APRN programs have core required courses mandated by our national standards that include didactic courses in theory, research, role, health policy, care of diverse individuals, and what we fondly call the "three Ps" – Physical Assessment, Pharmacology and Pathophysiology. The three Ps are at a graduate level and have as prerequisites undergraduate courses in the "four Ps and an A", physical assessment, pharmacology, normal physiology, pathophysiology and anatomy. So following these "core courses" both at the undergraduate and graduate levels, I had four didactic clinical practicum courses which taught me to diagnoses and treat all of the common acute and chronic conditions encountered in primary care like ear infections, skin rashes,

hypertension, diabetes, prostate disorders and all of the female and male conditions seen in daily practice. Now, as I said, I am an adult primary care nurse practitioner, my training during the three Ps at the graduate level differed from my pediatric primary care nurse practitioner colleagues. Their three Ps included pediatric physical assessment, pediatric pharmacology and pediatric pathophysiology. If I decided that I wanted to become a pediatric APRN, I would have to repeat all of the pediatric focused three Ps, as well as the clinical practicum courses and the year of graduate clinical training. Many of the graduate nurse practitioner programs in Michigan and nationally, have these different threads which we call “specialty tracks”, like pediatric NP, acute care NP etc.. But it is important to know that if one wants to change roles after certification, so if I wanted to care for sick babies in an intensive care unit for example, I would have to complete our Neonatal NP program and I could only do that after I had 2 years of RN experience in a NICU. Actually, this is one of the biggest differences between Nursing and Medical education. We do not assume that one graduate degree confers the ability to practice in any arena. Another important difference in our education is the significant nursing foundational elements that focus on patient education, patient counseling, and care coordination.

The educational competencies and required when every undergraduate and graduate nursing program in Michigan (and nationally) is professionally accredited by one of the two national Department of Education accreditors (NLNAC/National League for Nursing Accreditation Commission or CCNE/Commission on Collegiate Nursing Education).

After completion of a graduate program, these highly trained nurses go on to complete a national certification examination, which confirms that these APRNs can practice to the fullest extent of their education and training. The National Board exam that APRNs take after graduation—the certification process in regulation—are required in Michigan for one to be legally titled as a Nurse Practitioner—and are based on the same national educational competencies.

We have now come full circle to the last step, that of state licensure and regulation in Michigan. Once APRNs demonstrate that they can successfully obtain a graduate degree from an accredited school with multiple faculty assessments of their ability to function to their full scope of practice *and* pass a national standardized certification exam that confers a standard level of public safety to practice as an APRN, they obtain a specialty certification as a nurse practitioner in Michigan. During the exam process they are tested for their ability to make independent decisions. They cannot pick up the phone and call a physician in the middle of the educational exams or national Board exams to find out if they are on track. Yet, once they graduate and pass their national Board exams, they may be expected to practice very differently, depending on the state in which they practice. This is not because of their educational preparation or their standardized national exam differed, it is because of the inconsistent state regulations that are not based on evidence but based on long held, out of date, beliefs and policies. They are ready to fully participate in the solution to the current health care provider shortage in the state and nation. However, they now know that Michigan has the reputation for not being Nurse Practitioner friendly from a regulatory sense, and more are leaving and going to states where regulation is in alignment with national standards.

This legislation—SB 02-- will simply bring the scope of practice into alignment with what is currently required of every Nurse Practitioner to graduate and pass national Certification Boards. Sixteen other states and the District of Columbia have full plenary authority for Nurse Practitioners; that means they practice under their own license and are accountable for the care they deliver. That is what independent practice means.

Independent practice (a Nurse Practitioner competency) does not mean we don't collaborate. It means we, similar to our physician colleagues, particularly those in family medicine, practice under our own license and within our own scope of practice. Collaboration is viewed as a professional ethic for every provider—Nurse Practitioner, physician, pharmacist, social worker-- and one that cannot be regulated.

In closing, there is a substantial body of literature over the past four decades that consistently demonstrates the quality, safety, cost efficiencies and very high patient satisfaction with nurse practitioner care. Nurse Practitioners achieve outcomes that are equivalent to national benchmarks in outcome of care measures. My own research on quality outcomes in nurse managed health centers in Michigan and regionally has documented exceptional outcomes with chronic disease care that often exceeds the national benchmarks and that includes success with very vulnerable patients such as those patients who are uninsured. The Institute of Medicine Report on the Future of Nursing along with other national reports strongly urge removing barriers to Advanced Practice Registered Nurse's practice while at the same time supporting collaboration and team practice for ALL health care professionals in order to meet the health care needs of the nation. Over the past two years, I was privileged to be part of Michigan Department of Community Health's Primary Care Office, Core Advisory Group. In concert with MDCH, the Michigan Area Health Education Center supports APRNs practicing in Michigan to the full extent of their required education and competencies. In order to solve the primary care crisis, all potential primary care providers will be needed, nurse practitioners, physicians and physician assistants.

Again, thank you for this opportunity to present to you. I look forward to answering any questions you may have. Thank you.